



NH DEPARTMENT OF AGRICULTURE, MARKETS & FOOD
DIVISION OF WEIGHTS AND MEASURES
25 CAPITOL STREET
PO BOX 2042
CONCORD NH 03302-2042

WEIGHMASTER EXAMINATION FORM

INSTRUCTIONS

(Read carefully before filling out this form)

1. This form must be complete and accurate as to all information requested.
2. A **\$10.00** examination fee shall accompany this form.
3. You will be notified as to the date, time and place where the exam will be given.
4. A minimum score of 70% is required.
5. **PLEASE TYPE OR PRINT ALL INFORMATION LEGIBLY.**

Date: _____, 200__

APPLICANTS NAME:

LAST FIRST MIDDLE

APPLICANTS RESIDENCE:

STREET CITY STATE ZIP CODE

APPLICANTS PRESENT EMPLOYER:

TELEPHONE:

____(____)_____

FOR OFFICE USE ONLY

Date Received _____

Check Number: _____

Date of Exam: _____

Exam Score: _____

PASS _____ FAIL _____